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Mar 27 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 733349 (5)
1. Corporation Name
SUNTREE MASTER HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address
7550 SPYGLASS HILL ROAD MELBOURNE FL 32940 US
7550 SPYGLASS HILL ROAD MELBOURNE FL 32940-7901 US

3. Date Incorporated or Qualified 07/22/1975
3a. Date of Last Report 04/09/1996
4. FEI Number 59-2176316 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
POTTER, WILLIAM C E
700 SO BABCOCK ST
STE 400
MELBOURNE FL 32901

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DS	<input type="checkbox"/> DELETE
NAME	STEVENSON, BRUCE E.	
STREET ADDRESS	718 SPRING LAKE DRIVE	
CITY - ST - ZIP	MELBOURNE FL	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	NIEPORTE, JOHN C.	
STREET ADDRESS	1141 CYPRESS TRACE DR	
CITY - ST - ZIP	MELBOURNE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BARTOLOTTA, THEODORE	
STREET ADDRESS	1036 SPANISH WELLS DR	
CITY - ST - ZIP	MELBOURNE FL	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	BISHOP, CHARLES A.	
STREET ADDRESS	1109 CYPRESS TRACE DRIVE	
CITY - ST - ZIP	MELBOURNE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	EGLINGTON, BETTY	
STREET ADDRESS	657 ROSSMOR CIRLCE	
CITY - ST - ZIP	MELBOURNE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HELLER, GWEN	
STREET ADDRESS	359 CYPRESS POINTE DR	
CITY - ST - ZIP	MELBOURNE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	George Passmore
3.3 STREET ADDRESS	701 Palmer Way, Melbourne FL
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Francis Bradley
6.3 STREET ADDRESS	427 Timberlake Drive
6.4 CITY - ST - ZIP	Melbourne, FL

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Bruce E. Stevenson, Sec. Date: 407-242-8960 Daytime Phone # 0019916

CR2E037 (9/96)

SUNTREE MASTER HOMEOWNERS ASSOCIATION, INC.

1997 BOARD OF DIRECTORS

Nieporte, Jack C. DP
1141 Cyprerss Trace Drive
Melbourne, FL

Bishop, Charles DVP
1109 Cypress Trace Drive
Melbourne FL

Bradley, Frank D
427 Timberlake Drive
Melbourne FL

Dixon, Louis D
1391 Cypress Trace Drive
Melbourne FL

Eglinton, Betty D
657 Rossmoor Circle
Melbourne FL

Franklin, Sue D
1527 Cypress Trace Drive
Melbourne, FL

Passmore, George D
701 Palmer Way
Melbourne FL

Stevenson, Bruce DS
718 Spring Lake Drive
Melbourne FL

Swatek, Phillip D
577 Spring Lake Drive
Melbourne, FL

Gallup, Beverly A. Treasurer
630 Verbenia Drive
Satellite Beach, FL 32937